



The Delaware Code (31 Del. C. §520) provides for judicial review of hearing decisions. In order to have a review of this decision in Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the decision. Readers are directed to notify the DSS Hearing Office, P.O. Box 906, New Castle, DE 19720 of any formal errors in the text so that corrections can be made.

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

In re:

DCIS No. Redacted

Redacted

Appearances: Redacted, pro se, Appellant

Clarence Richardson, Senior Social Worker, Department of Health and Social Services,  
Team 710

I.

Redacted ("Appellant") opposes a decision by the Department of Health and Social Services ("DHSS") to close her husband's Medical Assistance benefits and reduce her Medical Assistance benefits to Family Planning Medicaid based upon being over the income limit for a household of four (4).

The Department of Health and Social Services ("DHSS") contends that the Appellant is over the income limit for a household of four (4).

II.

On April 22, 2010, DHSS sent to Appellant a Notice to Deny Your Medical Assistance, effective June 1, 2010. (Exhibit 3)

On April 29, 2010, the Appellant filed a request for a fair hearing requesting that benefits continue during the pendency of the case. (Exhibit 2) According to the Fair Hearing Summary dated May 5, 2010, benefits have continued. (Exhibit 1)

The Appellant was notified by certified letter dated May 14, 2010, that a fair hearing would be held on June 4, 2010. On June 22, 2010, a continuance was granted. The Appellant was notified by certified letter dated July 21, 2010 that a fair hearing would be held on August 6, 2010. The hearing was conducted on that date in Dover, Delaware.

This is the decision resulting from that hearing.

III.

Mr. Richardson testified that while Redacted was the case worker for the Appellant, she has since moved and is no longer employed with DHSS. Mr. Richardson testified that when the Appellant's case was

reviewed, it was determined that she was over income to continue to be eligible for Medicaid for Uninsured Adults for a household of (4). Mr. Richardson testified that as a result, the Appellant's husband's Medical Assistance was denied, and the Appellant was cascaded into Family Planning Medicaid. Mr. Richardson testified that the Appellant's husband's monthly gross income from Redacted was \$3,156.57.

Pursuant to the Division of Social Services Manual ("DSSM") 16230, countable income is used to determine eligibility for benefits. DSSM 16230 defines countable income as earned or unearned income minus any disregards, if applicable. In this case, the Appellant received an earned income disregard of \$90.00. Accordingly, DSS determined that the Appellant's monthly income amounted to \$3,066.57 (\$3,156.57 - \$90.00 = \$3,066.57). DSS applied a monthly income limit for a household of four (4) amounting to \$1,838.00 and closed Appellant's husband's medical assistance benefits and reduced the Appellant's medical assistance benefits.

At the hearing, the Appellant conceded that the amount used by DSS in determining her family's medical assistance eligibility was correct. The Appellant testified that her husband's income does not change from month to month. The Appellant further testified that she is disabled and under physician care for a number of conditions. The Appellant testified that she is unable to acquire affordable health insurance through other means. Lastly, the Appellant testified that she does not think it is fair that DHSS counts pre-tax income for medical assistance eligibility.

Pursuant to DSSM 16230.1.1, DHSS is only permitted to utilize gross income, and not net income (after expenses), for purposes of eligibility. As this benefit is based solely on income, there are no deductions made for medical or other expenses and a person's medical condition is not taken into consideration when determining eligibility.

Based upon the information provided, DHSS correctly determined that the Appellant's total monthly countable income is over the income limit for a household of four (4). As a result, the Appellant was properly sent a Notice to Deny Your Medical Assistance. I conclude that substantial evidence supports DHSS' decision to close the Appellant's husband's medical assistance benefits and to reduce the Appellant's medical assistance benefits.

#### IV.

For these reasons, the decision of the Department of Health and Social Services to close Appellant's husband's Medical Assistance benefits effective June 1, 2010 is AFFIRMED.

Date: August 23, 2010



MICHAEL L. STEINBERG, J.D.  
HEARING OFFICER

THE FOREGOING IS THE FINAL DECISION OF THE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

August 23, 2010

POSTED

cc: Redacted  
Clarence Richardson, Senior Social Worker, Team 710

EXHIBITS FILED IN OR FOR THE PROCEEDING

EXHIBIT #1 – Copy of DHSS Fair Hearing Summary dated May 5, 2010, consisting of two (2) pages.

EXHIBIT #2 – Copy of the Appellant's request for a fair hearing date-stamped April 29, 2010, consisting of one (1) page.

EXHIBIT #3 – Copy of the Notice to Deny Your Medical Assistance, dated April 22, 2010, consisting of three (3) pages.